

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 159
Registered No. 226

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 47 Met. Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Jose Gonzalez
(If child is not yet named, make supplemental report, as directed.)
3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth May 10-1929
Month Day Year

8. FATHER
Full name Damascio Gonzalez
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 30 (Years)

12. Birthplace (city or place) Jalisco
(State or country) Mex.

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Jesus Velasquez
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Jalisco
(State or country) Mex.

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 5
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 5
(b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10³⁰ P. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.
Physician
(Physician or midwife).

Given name added from a supplemental report. _____ Address Miami, Arizona
Month, day, year _____ Filed May 20, 1929 R. E. King
Registrar Registrar

179-510-159